**CTSH GRANTS 2024**

**APPLICATION FORM**

**APPLICANT DETAILS**

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| --- | --- |
| **Full Name** | First Name, Last Name |
| **Email Address** | Email Address |
| **Phone Number** | Phone Number – Please include country code |
| **Title & Position** | Title and Position |
| **Organization** | Organization Name – Please specify if you are a WHF Member |
| **Organization Address** | Organization Address – Please provide address, city, province, postal code, and country |

**EXPERIENCE**

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| *Please briefly state your experience in conducting rheumatic heart disease projects.*Click or tap here to enter text. |

**APPLICATION DETAILS**

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| --- | --- |
| **Project Title** | Click or tap here to enter text. |
| **Project Start Date** | Click or tap here to enter text. |
| **Project End Date** | Click or tap here to enter text. |
| **Project Personnel** | Click or tap here to enter text. |
| **Project Location(s)** | Click or tap here to enter text. |
| **Project Language(s)** | Click or tap here to enter text. |
| **Project Impact(s)** | Expected Impact – Please specify an estimated number of underserved people reached |

**INTRODUCTION**

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| *Please outline the burden of rheumatic heart disease as well as the status of RHD prevention and control in your country, region, or community.*Click or tap here to enter text. |

**METHODOLOGY**

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| *Please describe your project. In particular, please outline the specific, measurable, and relevant objectives of your project. How will you distribute and use the colouring books and crayons? How will you refer suspected cases to primary healthcare centres? How will you achieve your objectives?*Click or tap here to enter text. |

**PROPOSED BUDGET**

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| *Please briefly describe the costs by categories (e.g., costs for printed materials, etc.). Please also enclose a detailed draft budget to your application form (see below).*Click or tap here to enter text. |

**EXPECTED OUTCOME**

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| *Please indicate how you will measure the impact of your project. What outcome(s) must you achieve to consider your project a success?*Click or tap here to enter text. |

**DISSEMINATION**

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| *Please specify if you plan to involve the press in your project or otherwise publicize it.*Click or tap here to enter text. |

**SUSTAINABILITY AND SCALE**

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| *Please specify how you plan to sustain and/or scale up your project beyond the grant period.*Click or tap here to enter text. |

**MINISTRY OF HEALTH & MINISTRY OF EDUCATION**

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| *Please specify if you plan to collaborate with your Ministry of Health and Ministry of Education or approach your Ministry of Health and Ministry of Education (at any level) to obtain acknowledgement or endorsement.*Click or tap here to enter text. |

**ADDITIONAL INFORMATION**

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| *Please specify any relevant additional information for your project, including files or links (e.g. website, videos, etc.).*Click or tap here to enter text. |

PLEASE RETURN THE **APPLICATION FORM** WITH A **DRAFT BUDGET** AND A **DRAF TIMELINE** TO YUNSHU.WANG@WORLDHEART.ORG, **NO LATER THAN 19 MARCH 2024, AT 23:59 CET**.

Please name your file **as First Name - Last Name – Organization - CTSH Application Form** and use **First Name – Last Name – CTSH Application 2024** as the subject of your email.